

they may again become working members of the community, thereby lifting from the city a tremendous social and financial burden. Dr. Knopf says "that as conditions are now in most of our cities and towns, the majority of consumptives are doomed to a certain and lingering death . . . the child of to-day is the man of to-morrow, and the more children we cure of this disease now, the smaller number of consumptives we will have to take care of in the future."

The immediate need of Stony Wold is a maintenance fund for the support of patients, as the majority are unable to procure sanatorium treatment for themselves.

Already two nurses are numbered among the patients, and the president, Mrs. James E. Newcomb, reports several appeals for assistance or information from others in different parts of the State. With a view of benefiting these most deserving of applicants it has been thought wise to endeavor to organize an auxiliary among the nursing profession for the support of one or more of its members who may have become victims of the disease.

A committee has been formed for this purpose, and annual subscriptions, from one dollar up, may be sent to the treasurer of this committee, Miss Grace Knight, Roosevelt Hospital, Fifty-ninth Street and Ninth Avenue, New York City.

Seven hundred and thirty dollars will support a room for one year.

THE WORK OF DISTRICT NURSES AMONG TUBERCULOUS PATIENTS IN BALTIMORE

By J. S. AMES

President Instructive Visiting Nurse Association of Baltimore

HAVING read with great interest the article by Miss Nutting, of the Johns Hopkins Hospital, on "Visiting Nurses in the Homes of Tuberculous Patients," in the April number of this JOURNAL, I thought it might be worth while to make a brief report of the work which has been done in Baltimore during the past eight years, during which time many of the problems mentioned by Miss Nutting have been met and, to a certain extent, solved.

The Instructive Visiting Nurse Association of Baltimore began its work in January, 1896, being able at that time to support only one nurse. On April 1, 1904, it was directing the work of six district nurses and of one extra nurse whose entire time is devoted to the care of cases of tuberculosis. During the past eight years a great deal of

attention has been given to patients suffering from tuberculosis of all kinds, and during the year 1903 one hundred and ten *new* cases, in addition to the two hundred and more brought over from the previous year, were taken charge of. It was felt by the association that the work among tuberculous cases would be greatly helped if there could be one nurse whose work could be limited to this. There are advantages in this division of work, but also great disadvantages. From the standpoint of the nurses themselves it is well, of course, to have as few nurses as possible exposed to the dangers of this disease, and special attention can be given this point if only a limited number of district nurses attend the patients. The great good to be accomplished, however, by nurses visiting the homes of tuberculous patients is in paying *repeated* visits, so as to see that the instructions as to the food, the hygiene, and the other conditions of the patient are carried out. It is much better, therefore, to have the work so arranged that patients may be visited at frequent intervals, and this is absolutely impossible in a city as large as Baltimore if there is but one nurse whose field of work includes the whole city. At the best she can visit a case but once in a fortnight or month, which is by no means satisfactory to anyone. The plan adopted by the Baltimore association is to have the special tuberculosis nurse work in coöperation with the regular six district nurses, with the result that weekly, and often daily, visits are paid the home of the patient.

Immediately after the Tuberculosis Exposition held in Baltimore in January of this year, to which so much had been contributed through the energy and interest of this association in preparing charts, taking photographs, gathering statistics, and interesting the people among whom they work, resulting in many of them attending the exposition and lectures, Mrs. William Osler, the secretary of our association, made an appeal through the press of Baltimore for subscriptions to support a special nurse for tuberculosis cases. The response was immediate and most gratifying, Mrs. Osler receiving within a week subscriptions sufficient to support a nurse for one year. She asked the association to direct the work of the nurse, and her request was eagerly granted. The tuberculosis nurse lives with the other nurses in the Nurses' Home, where she is provided with a room specially prepared with reference to her work. This is under the direction of the head nurse of the association, Miss M. E. Lent, and the opportunities for conference between the different nurses before the day's work begins are most helpful.

In discussing the methods of work which were established by the first head nurse of the association, Miss A. M. Carr, and which are still in use, special attention may be called to the following points:

First, *food*. The nurses give instruction to the families of the sick how to prepare suitable food, and they see, further, that they are amply provided with milk and eggs. They are able to do this last through the generosity of the Association for the Improvement of the Condition of the Poor of Baltimore, who furnish us with unlimited amounts of their "sick diet."

Second, *fresh air*. The nurses invariably are called upon to rearrange beds and furniture in the bedrooms and living-rooms of their patients, and they insist, if possible, upon the patients having separate rooms where the windows can be kept open. In many cases they are able to persuade the patients to sleep on balconies or in passages open to fresh air. The association has several cots which it uses for this purpose. Through the kindness of several friends we also have six rolling-chairs and as many more baby-carriages, so that we are able to have all our patients given an opportunity of sitting or resting in the open air. In this connection it should be added that no small part of the nurses' work is to educate the patients and their families concerning the need of air.

Third, *sputum-cups, etc.* For many years the association has been buying thousands of sputum-cups, handkerchiefs, etc., for distribution among their patients, and these are now in general use in hundreds of families in Baltimore. The patients are carefully instructed as to the manner in which they are dangerous to their families and to the community.

Whenever a patient dies or moves from one house to another careful disinfection of his room or house is secured through the Board of Health.

Fourth, *charts, etc.* At the request of the State Board of Health complete records have been kept of cases of tuberculosis, and most extensive charts have also been prepared and submitted to the board. These will doubtless prove most useful, as adding to the records of the State.

From what has been said it will be seen that the experience of our association during its eight years of activity has been such as to make us believe most strongly in the work of the visiting nurses in the homes of tuberculous patients, for it is only here that efficient work can be done; and although it is true that with six nurses doing general work, it is not possible to see more than three hundred cases of tuberculosis during the year, nevertheless, these are attended to in a far more efficient manner than would be possible with a single isolated nurse whose work is restricted to attending this one class of patients.